



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400001

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AMERICAN LEGION GERALD E.LARKIN POST 236 INC.

DOING BUSINESS A

ADDRESS 5 BRIDGE ST.

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01039

MANAGER: SIKOP, KARL E.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON THE FIRST FLOOR AND ONE ROOM ON THE SECOND FLOOR OF A TWO STORY BLDG. STORAGE ROOM ON THE FIRST FLOOR AND IN THE CELLAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400004

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE BEAVER CLUB, INC,

DOING BUSINESS AS BEAVER BROOK COUNTRY CLUB

ADDRESS 183 MAIN ST. RTE 9

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01039

MANAGER: LOOMIS, ERIC

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2ND FLR DINING AREA, BAR AREA, OUTDOOR PATIO. FIRST FLR BAR AREA AND SNACK AREA IN THE CLUBHOUSE. EXITS AND ENTRANCES ON NORTH, SOUTH, WEST AND EAST SIDES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

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DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400009

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DARU ENTERPRISES, INC

DOING BUSINESS AS MAIN STREET PACKAGE STORE

ADDRESS 00035B MAIN ST

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01096

MANAGER: URBANSKI,
DAVID M.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR APPROX 1650 SQ FT STORE FRONT SPACE WITH STORAGE IN A SEPARATE
ADJOINING ROOM; CINDER BLOCK BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400010

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BACON, PAUL E.

DOING BUSINESS AS BACON'S PKG STORE

ADDRESS 27 GOSHEN RD

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01096

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS IN A ONE STORY BLDG WITH NO CELLAR, ON THE WEST SIDE OF RTE 9

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400011

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BURG BULLETS SNOWMOBILE CLUB, INC.

DOING BUSINESS AS

ADDRESS 12 LAUREL RD.

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01039

MANAGER: CHERESKI, MARK TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DOUBLE LEVEL 3 DOORS ON WEST WALL.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400021

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NICKOLAOS SIERROS

DOING BUSINESS AS A-1 HILLTOWN PIZZA

ADDRESS 35 MAIN ST

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01096

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STREET LEVEL, SINGLE FLOOR FULL SERVICE RESTAURANT WITH TWO EXITS, FRONT
AND REAR ENTRANCE AND SPECIAL EMPLOYEE ENTRANCE AND EXIT. SEATING FOR 36

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400023

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAROLINE SMITH & MICHELINE CHAMPAGNE

DOING BUSINESS AS PAT'S

ADDRESS 51 GOSHEN RD

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01096

MANAGER: SMITH &
CHAMPAGNE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400024

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: McFADDEN'S LLC

DOING BUSINESS AS McFADDEN'S PUB

ADDRESS 109 Main St

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01039

MANAGER: DISCAWICZ,
DENNIS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

restauramt with bar area. Storage area and walk in cooler

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400025

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BREWMASTERS TAVERN, LTD.

DOING BUSINESS AS THE BREWMASTERS TAVERN

ADDRESS 4 MAIN STREET

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01039

MANAGER: RIZOS, ANTONIOS TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2,300 SQ. FT. OF DINING SPACE ON GROUND FLOORS; APPROX. 1,200 SQ. FT. OF DINING SPACE ON 2ND FL; APPROX. 5,000 SQ. FT. OF SEASONAL OUTDOOR DINING SPACE.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400027

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BIG MAMOU LLC

DOING BUSINESS AS CHEF WAYNE'S BIG MAMOU

ADDRESS 15 MAIN STREET

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01096

MANAGER: DELIS, PETER N. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING RESTAURANT LOCATED AT 15 MAIN STREET WILLIAMSBURG

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400028

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BREAD EUPHORIA LLC

DOING BUSINESS AS BREAD EUPHORIA

ADDRESS 206 MAIN STREET

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01039

MANAGER: POLLARD, MARK TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1500 SQ FT CAFÉ AND SURROUNDING OUTSIDE GARDEN SEATING...ONE MAIN FRONT ENTRANCE, ONE SIDE EXIT..TWO EXITS ACCESSIBLE THROUGH BACK DOOR

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 147400029

CITY OR TOWN WILLIAMSBURG

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LLL RESTAURANT,LLC

DOING BUSINESS A PANDA GARDEN

ADDRESS 49 MAIN STREET

CITY/TOWN: WILLIAMSBURG

STATE: MA

ZIP CODE: 01039

MANAGER: LAU, KAM CHOW TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT IN COLONIAL SHOPPES OF WILLIAMSBURG, APPROX. 2,400 SQ. FT.
SEATING CAPACITY 130. ONE ENTRANCE IN FRONT FACING PARKING LOT AND ROAD.
TWO EXITS IN REAR.

I hereby certify and swear under penalties of perjury that:

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